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SCHANNE JAN 8 1

Form **990-EZ** 

OMB No 1545-1150 2008

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service 5/01/08 , and ending A For the 2008 calendar year, or tax year beginning 4/30/09

В		applicable	Please use IRS	C Name of orga		Daught	ora of	e +1	ho		D E	mployer identi	fication number
H		label of David Laboration Laborat											
Н		print or											
Н		Soo   2 G-1						elephone num 281 – 373 -					
Н	Termina		Specific							APCJJC		Group Exempti	
Н	Amende		Instruc-	New York	state or country, and ZI		10023						on .
ш		ion pending	tions		(a)(1) nonexempt o					G Accountin		lumber od Cash	X Accrual
	<b>■</b> 360	11011 30 1(0)(3			A (Form 990 or 99		usts must a	ıllaçıı		Other (specify)	٠.	u [] Casii	Accidai
$\overline{}$	Websit	e· <b>b w</b> w		esociety		<u> </u>			-	H Check ▶	X if	f the organization	n is <b>not</b>
<u>J_</u>				y one)— X 501(c		no)	4947(a)(1) o	r	527	required to 990-EZ, o	o attach r 990-PF	Schedule B (For	rm 990,
K	Check	▶ ∐ if th	ie organi	zation is not a sec	ction 509(a)(3) supp	orting organ	nization and	ıts gro	oss rece	ıpts are normal	ly <b>not</b> r	more than \$25	,000 A return
_					to file a return, be								
					receipts, if \$1,000,000							\$ .	58,654
F	art I				Changes in Ne	t Assets	or Fund E	<u>Balar</u>	nces (S	see the insti	<u>ructio</u>	ns for Part	
	1			nts, and similar amou							1	<u> </u>	<u>75</u>
	2	•		• •	vernment fees and	contracts	_	_	<b>.</b>			2	00 505
	3	•		nd assessments			se	e s	state	ement 1		3	<u>29,795</u>
	4	Investment					ı	_	ı		4	1	/
	5a			sale of assets oth	•			5a					
	b			asis and sales ex		- 56 for a lar	[-\ /-#hh	5b			┨.	.	
<u>o</u>	C				inventory (Subtract line				الممالم سما	<b>.</b> [7]		c	
en	6	•			cable parts of Schedul	•		yanııı	ig, check	nere 🕨 🔛			
Revenue	а	Gross rever	•	ncluding \$		_ of contri	butions 	6-	1				
_	<b>.</b>	reported on		and and the angle in ad-				6a					
	b		•	es other than fundi		uhtroot line	Ch from line	6p					
	C				nts and activities (Si	ubtract line	ob from line		1			ic	<del>.</del>
	7a			itory, less returns	and allowances			7a 7b	<u> </u>		-		
	C	Less cost of	-		entory (Subtract line	. 7h from lun	ا اهر 7ع)	7.0	Ļ		$\dashv$ ,	c	
	8				Statement		ie raj				)   6	<del></del>	28,777
	9			lines 1, 2, 3, 4, 50		<u> </u>	<del></del>				.′ ├─	9	58,654
_	10			mounts paid (atta								0	30,031
	11	Benefits par		•	on concauto,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	= -	<del>هر ۱ تم</del>	H 7		1	
10	42	•		pensation, and em	plovee benefits		FX	EUI	EIVE	<u> </u>	<u> </u>	2	
xpenses	13		-		to independent cor	ntractors						3	8,392
per	14			lities, and mainter			322	AN I	8 20	11   학	1	4	_
Ä	15			s, postage, and sh						RS	1	5	
	16	• • •			Statement	: 3	00	, Ui	 	i <del>-</del>		6	51,157
	17	Total exper	ses. Ad	d lines 10 through	16			<del></del>	_ 4, €		▶ 1	7	59,549
ets	18	Excess or (	deficit) fo	or the year (Subtra	ct line 17 from line	9)					1	8	-895
Net Assets	19	Net assets or	fund bala	nces at beginning of	year (from line 27, colu	ımn (A)) (must	agree with end-of	f-year fig	gure reporte	d on prior year's retui	rn) <b>1</b>	9	77,863
et A	20	Other chang	ges in ne	t assets or fund b	alances (attach exp	lanation)					2	0	
Ž	21	Net assets	or fund b	alances at end of	year Combine line	s 18 through	n_20				<b>2</b>	1	76,968
	Part II	<u>Balan</u>	ce She	ets. If Total asse	ets on line 25, colun	nn (B) are \$	<u>2,500,000 o</u>	r more	e, file Fo	rm 990 instead	of For	m 990-EZ	
			(Se	e the instructions f	for Part II)				(A)	Beginning of yea		(B) End	<del></del>
22	Cash,	savings, and	ınvestme	ents						<u>96,0</u> :	11 2	2	<u>87,970</u>
		nd buildings		<b></b>							_	:3	
		assets (descr	ibe 🕨	See Sta	tement 4			)		4,2		4	8,863
	Total a			a						100,28			96,833
		iabilities (des			atement 5		_	)	<u> </u>	22,42	_	.6	19,865
<u>27</u>	Net as	sets or fund	balance	s (line 27 of colun	nn (B) must agree v	with line 21)			<u>l</u>	77,8	05 2	27	76,968

Form 990-EZ (2008) Nation	al Society Daughters	of the 30	-0316122			Page 2
Part III Statement of Pr	ogram Service Accomplishmen	ts (See the instruct	ions for Part I	II.)	Ex	penses
What is the organization's primary ex	empt purpose?				(Require	d for 501(c)(3)
Is to support homes for el	derly retired men and women.				and (4) c	organizations
Describe what was achieved in carryl	ing out the organization's exempt purpose	s In a clear and concise	manner,		and 4947	7(a)(1) trusts,
describe the services provided, the n	umber of persons benefited, or other relev	ant information for each	program title		optional	for others)
28 See Statement 6	-	_				
(Grants \$	) If this amount includes foreign grant	ts, check here		$\Box \bot$	28a	47,411
29				ł		
				-		
(Grants \$	) If this amount includes foreign gran	ts, check here	•	П	29a	
30						
(Grants \$	) If this amount includes foreign gran	ts, check here	•	ПΙ	30a	
31 Other program services (attach s						
(Grants \$	) If this amount includes foreign gran	ts. check here	•	$\Box$	31a	
32 Total program service expense				┢┤	32	47,411
•	ectors, Trustees, and Key Employees. Li	ist each one even if not c	ompensated (Sec	e the i		
T dit 14 List of Officers, Dire	otors, reactors, and recy Employees. E.	(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense
(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)		yee benefit plans & red compensation	account and other allowances
Joan Gol, MBE	Houston	President	Citter 0 .j	delen	ed compensation	outer anowatioes
4990 Valkeith	TX 77096	10	0		0	,
Sharon Pruitt	Houston	1st V-Pres				
	TX 77063	5	0		0	
7532 Olympia	Houston	2nd V-Pres	U	<del>                                     </del>		<u> </u>
Dorothy Norlund		200	0		0	٥
4130 Mischire Dr.	TX 77025  Round Rock	3rd V-Pres				·
Rilla Chaka		20	0		0	
2004 Woods Cove	TX 78681	Rec. Sec	0			-
Janet Odam	Cypress	20	0		0	
12411 Preece Ct.	TX 77429			<del> </del>		
Sheila Gilbert	Kingwood	Corr. Sec			0	
2310 Plateau Court	TX 77339	20	0			0
Norma Lloyd	Houston	Treasurer 20	0		0	
13502 Clareton	TX 77429			+	9	0
Eunice Edelstein	Houston	Nat'l Organ.			•	
3312 Edloe	TX 77027	5	0	<del> </del>	0	0
	<del></del>			$\vdash$		
				<del> </del>		
<del></del>				+		<del>                                     </del>
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				1	<del></del>	
				1		
				+-		
				<del> </del>		
			İ	1		

Form	990-EZ (2008) National Society Daughters of the 30-0316			F	age 3
Pa	ort V Other Information (Note the statement requirements in the instructions for	Part VI.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				١
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				٠
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no				
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				1
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, replaced assessments 2	orting,	25-		х
<b>h</b>	and proxy tax requirements?  If "Yes," has it filed a tax return on Form 990-T for this year?		35a 35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"		330		<del>                                     </del>
30	complete applicable parts of Schedule N		36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		30		
J/a b	Did the organization file Form 1120-POL for this year?		37b		x
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ere	<u> </u>		
000	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	•	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities 39b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶		_		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit tra	nsaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete	Schedule			
	L, Part I		40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958		_		
d	Enter amount of tax on line 40c reimbursed by the organization		_		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed None		281-37	2 0	171
42a	The books are in care of ► Norma Lloyd  13502 Clareton	elephone no	20I-3/	3-0	1/1
		ZIP + 4 ▶	77429		
<b>L</b>		,	11427		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authori over a financial account in a foreign country (such as a bank account, securities account, or other financial	у		Yes	No
	account)?		42b	163	No X
	If "Yes," enter the name of the foreign country		72.5		<u></u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		<b>-</b>		
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	]	x
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		<del></del> -		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
		<del></del>			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44	ļ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	lf			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		<u> </u>
			Form 99	10-F7	7 /2008

Form	990-EZ (	2008) National Society Daughters of	the 30	0-0316122		1	Page 4
Pa	rt VI	Section 501(c)(3) organizations only. All section 501	(c)(3) organiz	ations must ar	swer question		
		and complete the tables for lines 50 and 51.		-			
46		organization engage in direct or indirect political campaign activities or	n behalf of or in op	position to		Yes	
	candidat	es for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the c	organization engage in lobbying activities? If "Yes," complete Schedule	e C, Part II			47	X
48	Is the or	ganization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		_48	X
49a	Did the c	organization make any transfers to an exempt non-charitable related o	rganization?			49a	X
b	If "Yes,"	was the related organization(s) a section 527 organization?				49b	
50	Complet	e this table for the five highest compensated employees (other than o	fficers, directors, ti	rustees and key en	nployees) who		
	each rec	eived more than \$100,000 of compensation from the organization. If t	here is none, ente	r "None "			
					1 ( 0 6 - 1 )		
		(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Exper	
		than \$100,000	devoted to position		deferred compensation	other allow	
None	e				:		
Total	l number d	of other employees paid over \$100,000					
51	•	e this table for the five highest compensated independent contractors sation from the organization. If there is none, enter "None."	who each received	d more than \$100,0	000 of		
	(a) N	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	Compensation	
No	ne	· · · · · · · · · · · · · · · · · · ·	<u> </u>	71	, , ,		
-10							
				• • • • • • • • • • • • • • • • • • • •			
	-						
		· · · · · · · · · · · · · · · · · · ·					
Tota	l number (	of other independent contractors each receiving over \$100,000	<b>D</b>			·	
· Old	, maniber	Under penalties of periory, I declare that I have examined this return, including	accompanying sched	ules and statements	and to the best of my	knowledge	
		and belief, it is true correct, and complete Declaration of preparer (other than	, , ,		,	J -	
Sig	n	moya Keys		1 1	3 11		
Her		Signature of officer		Date	-		
		MOYA KEYS NATIONAL RECOR	DING SEL	RETAKY			
		Type or print name and title		1			
		Proposato	Date	Check if	Preparer's Ider	itifying Number (	See instr )
Pai	d	Preparer's signature J. M. Hilliand Apple Clinic	12/20	self-	▶□   P0005	2376	·
	u parer's			0/10 employed		6-0411	322
	Only		•	it - 216		0-041	244
-50	<b>,</b>			TTC 210	Phone	-242-2	2007
Mari	the IDC	address, and ZIP + 4 Sugar Land, TX 77478 discuss this return with the preparer shown above? See instructions	<u> </u>			X Yes	$\overline{}$
ivial	THE INS	alactions that return with the preparer shown above. See instructions				IVI LES	No

Form **990-EZ** (2008)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2008

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

National Society Daughters of the

British Empire in the U.S.A 30-0316122

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III–Functionally Integrated d | Type III-Other b | Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (II) EIN in col (i) listed in your (described on lines 1-9 organization in col support organization the organization in above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? US? Yes No Yes No Yes No Total

Sche	dule A (Form 990 or 990-EZ) 2008 Nat	ional Soc	ciety Dau	ghters of	the 30	-0316122	Page 2
	rt II Support Schedule for O					170(b)(1)(A)(vi)	1
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)			
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4			1			
	tion B. Total Support	,		,-· · · · · · · ·	Ţ		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public St	upport Percen	itage				_ · <u> </u>
14	Public support percentage for 2008 (line 6	i, column (f) dıvıde	ed by line 11, colur	nn (f))		14	%
15	Public support percentage from 2007 Sch					15	%
16a	33 1/3 % support test—2008. If the organ	nization did not che	eck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies		•				▶ [_
b	33 1/3 % support test—2007. If the organ	nization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or r	nore, check this	. —
	box and stop here. The organization qual	•					▶ ⊔
17a	10%-facts-and-circumstances test—200	<b>18.</b> If the organizat	ion did not check a	a box on line 13, 1	6a, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "f	acts-and-circumst	ances" test, check	this box and stop	here. Explain in P	art IV how the	_
	organization meets the "facts-and-circums						▶ ∐
b	10%-facts-and-circumstances test—200	07. If the organizat	ion did not check a	a box on line 13, 1	6a, 16b, or 17a, ar	id line 15 is 10% or	
	more, and if the organization meets the "f	acts-and-circumst	ances" test, check	this box and stop	here. Explain in P	art IV how the	. —
	organization meets the "facts-and-circums						<b>▶</b>   →
18	Private foundation. If the organization die	d not check a box	on line 13, 16a, 16	Sb, 17a, or 17b, ch	eck this box and so	ee instructions	▶ ∐

DAUGHTERSBE,12/20/2010 10 59 AM Schedule A (Form 990 or 990-EZ) 2008 National Society Daughters of the 30-0316122 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 36,197 29,810 66,007 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 36,197 29,810 66,007 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from 36,197 29,810 line 6) 66,007 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006(e) 2008 (a) 2004 (b) 2005 (d) 2007 (f) Total 36,197 29,810 66,007 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 43 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 20,315 28,777 49,092 58,594 Total support. (Add lines 9, 10c, 11, 56,548 and 12) 115,142 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

	organization, oncok the box and stop here		
Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16_	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	_ %

7	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	
8	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	_18	%
9a	33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line		

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

organization, check this box and ston here

Schedule A (Form 990 or 990-EZ) 2008 National Socie	ty Daug	nters of the	30-0316122	Page 4		
Part IV Supplemental Information. Complete this						
Part II, line 17a or 17b; or Part III, line 12. I	<u>Provide any</u>	other additional inf	ormation. (see instructions)			
Part III, Line 12 - Other Income Detail						
Convention Registration Fees	\$	31,644				
Charter Supplies Sales	\$	17,413				
Charter Application Fee	\$	35				

DAUGHTERSBE National Society Daughters of the 30-0316122 Federal Statements

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# Form 990-EZ General Footnote

### Description

Statement #8 - Schedule A, Form 990EZ, Part IV-A, Support Schedule For fiscal years prior to this fiscal year ending 04/30/08 the organization was classified as a 501(c)(7) organization and was not required to Complete Schedule A. Therefore, there will be no support figures for 2006, 2005, 2004, and 2003.

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# Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount		
National Membership Fees Life membership fees	\$ 29,395 400		
Total	\$ 29,795		

#### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
Convention Registration Fees	\$ 23,424
Charter Supplies Sales	5,338
Chapter Application Fees	 15
Total	\$ 28,777

# Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	6,739
Conferences & meetings	36,296
Supplies	2,237
Donation	100
Postage & Shippping	876
Printing and reproduction	2,039
Advertising	262
Franchise Tax	25
Insurance	1,638
Website Maintenance	945
Total	\$ 51,157

# Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	_	End of Year
Prepaid Expenses and Deferred Charges	\$ 4,278	\$	8,863
	4,278		8,863

#### Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		End of Year	
Accounts Payable and Accrued Expenses	\$ 22,426	\$	19,865	
	22,426		19,865	

DAUGHTERSBE National Society Daughters of the 30-0316122 Federal Statements

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# Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

# Description

The National Society provided support to the British Homes for retired elderly men and women who are residents and/or citizens of the U.S. in each of the four districts.